



PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506
 Mail: PO Box 40919, Olympia, WA 98504-0919
 Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

DO NOT WRITE IN THIS SPACE

RECEIVED
 OLYMPIA, WA

SEP - 6 2006

PUBLIC EMPLOYMENT
 RELATIONS COMMISSION

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

☐ Amended Petition in Case - E -

Instructions: Other side of this form (page 2) Applicable Rules: Chapters 10-08, 391-08, and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Mercer Island School Dist. #400 **ATTORNEY OR REPRESENTATIVE**
CONTACT PERSON Liz Dodd **ADDRESS**
ADDRESS 4160 86th Ave SE
Mercer Island WA 98040
CITY, STATE, ZIP
TELEPHONE 206-236-3316 ext. **TELEPHONE** ext.
FAX **FAX**
E-MAIL **E-MAIL**

2. PETITIONER **ATTORNEY OR REPRESENTATIVE**
CONTACT PERSON Joe Gonzalez **ADDRESS**
ADDRESS 12020 SE 1st Pl
CITY, STATE, ZIP Benton WA 98058 **CITY, STATE, ZIP**
TELEPHONE 206-730-5051 ext. **TELEPHONE** ext.
FAX **FAX**
E-MAIL **E-MAIL**

3. INCUMBENT BARGAINING REPRESENTATIVE *Indicate one.*
☐ The employees involved are not currently represented for bargaining; OR ☐ The employees involved are currently represented by the organization below:
ORGANIZATION I U O E **ATTORNEY OR REPRESENTATIVE**
CONTACT PERSON David Maxwell **ADDRESS**
ADDRESS 18 E Street SW
CITY, STATE, ZIP Abingen WA 98001 **CITY, STATE, ZIP**
TELEPHONE 253-351-9095 ext. **TELEPHONE** ext.
FAX **FAX**
E-MAIL **E-MAIL**

4. COLLECTIVE BARGAINING AGREEMENT *Indicate one.*
☐ The parties have never had a contract; OR ☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

5. SHOWING OF INTEREST *A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.*

| 6. BARGAINING UNIT | EMPLOYER'S PRINCIPAL BUSINESS | DEPARTMENT OR DIVISION INVOLVED | NUMBER OF EMPLOYEES IN UNIT |
|--|-------------------------------|---------------------------------|-----------------------------|
| DESCRIPTION OF UNIT <i>Indicate inclusions, exclusions, contract page or case/decision number.</i> | <u>SCHOOL DIST.</u> | <u>CUSTODIAL</u> | <u>19</u> |

7. DESIGNATION OF REQUEST *Indicate one.*
☐ **RECOGNITION REQUEST.** The petitioner requests certification as exclusive bargaining representative of the bargaining unit.
☐ **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.
☒ **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.
☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per documentation) and requests a determination by the Commission.
☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive representative.

8. OTHER RELEVANT FACTS *Indicate, if applicable.*
☐ Additional information is set forth on separate sheets of paper attached to this petition

9. AUTHORIZED SIGNATURE FOR PETITIONER
PRINT NAME Joe Gonzalez **TITLE** head cust
SIGNATURE [Signature] **DATE** 9/1/06